



SMU[®]

International Student & Scholar Services Office

6185 Airline Rd, Suite 216
Dallas, Texas 75205
Tel: (214) 768-4475 Fax: (214) 768-1051

F-1 / J-1 STUDENT TRANSFER-IN FORM

This form is to be completed by F-1/J-1 visa holders who are transferring to Southern Methodist University:
SMU Main Campus Code: **DAL214F00016000**, SMU in Legacy/Plano Campus: **DAL214F00016001 (F-1 visa holders)**
P-1-02905 for J Transfers.

Student's Name: _____
(first name and last/family name)

Current US address:

Address in home country:

E-mail Address: _____ Date of birth: _____
(month/day/year)

Telephone: _____ Student status: _____ F-1 _____ J1

Please check here if you have any dependents _____

STOP: IF YOUR RECORD HAS BEEN TERMINATED IN SEVIS DUE TO FAILURE TO MAINTAIN STATUS PLEASE CHECK HERE: _____

Please note that we will not release a terminated record unless the receiving school is willing to accept it.

* Family Educational Rights and Privacy Act: Permission to release information to Southern Methodist University. "I hereby authorize my previous institution to release such information to Southern Methodist University."

Requested release date: _____ This is the date that you want your previous school to release your records to SMU. The release date will terminate the student's ability to be employed on-campus at the previous school.

Dates of OPT (if applicable): _____ to _____ Issuance of an I-20 from SMU will terminate the student's OPT. Please let us know the last day you plan on working in OPT: _____

(student signature)

(today's date)

• As a transfer student, you must report to SMU prior to orientation to sign the new I-20 and complete the transfer process. You are required to attend orientation.

• Authorization for employment including on-campus employment, economic hardship, CPT, and OPT is terminated when a student transfers from one school to another.

**To the International Advisor or Responsible Officer:
Please complete the following and return to
Southern Methodist University**

Please specify your School Name as it appears in the SEVIS system or SEVIS School Code:

SEVIS ID #: _____ Transfer release date in SEVIS: _____

Is this student in status with DHS? Yes _____ No _____

If no, please explain:

IF A STUDENT IS OUT OF STATUS, COMPLETED OR TERMINATED, ELIGIBILITY TO TRANSFER TO SOUTHERN METHODIST UNIVERSITY IS DENIED.

F-1 students:

Please give all previously authorized dates of CPT or OPT:

___ CPT ___ OPT From _____ to _____

___ CPT ___ OPT From _____ to _____

___ CPT ___ OPT From _____ to _____

___ CPT ___ OPT From _____ to _____

Reduced course load for academic purposes From _____ to _____

Reduced course load for medical reasons From _____ to _____

J-1 students:

Please give total number of days used for Academic Training: _____

Reduced course load for academic purposes From _____ to _____

Reduced course load for medical reasons From _____ to _____

Is the student cleared of all financial obligations with your Institution? _____ Yes _____ No

DSO or ARO Name (please print): _____ Title: _____

Institution: _____ Phone Number: _____

E-mail address: _____

Mailing Address: _____

DSO or ARO Signature: _____ Date: _____